

DEC 20 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41574

1. PLACE OF DEATH

County JasperRegistration District No. 411

File No. _____

Township JasperPrimary Registration District No. 2002

Registered No. _____

City Jasper (No. 2215 Pennsylvania)

Ward _____

2. FULL NAME

(a) Residence, No. 2215 St. Pa. Ave.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 7, 1865</u>		
7. AGE <u>72</u>	YEARS <u>—</u>	MONTHS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Railroad Engineer</u>
10. Date deceased last worked at this occupation (month and year) <u>11-8-37</u>		11. How long spent in this occupation <u>11-8-37</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
13. NAME <u>Charles Stuart</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
17. INFORMANT (ADDRESS) <u>Eda Stuart</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New York</u>		
19. UNDERTAKER (ADDRESS) <u>Surplus and Co</u>		
20. FILED <u>11-10</u> , 19 <u>37</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5, 193722. I HEREBY CERTIFY, That I attended deceased from 11-6, 1937, to 11-6, 1937I last saw him Nov 6, 1937. Death is saidto have occurred on the date stated above, at 6:00 P.M. 11/5/37

The principal cause of death and related causes of importance were as follows:

Heart attack inMarch - Bullet woundat base of head -suicide

Other contributory causes of importance:

107Name of operation none Date of 11/5/37What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 11/5/37Where did injury occur? Jasper, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

on 2 1/2 mi. from Jasper, Mo.Manner of injury suicideNature of injury Heart attack - head24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) A. H. Winchester (Address) Jasper, Mo.(Address) Jasper, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

